

DC-ADM 804, Inmate Grievance System
 DC-804
 Part 2

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA 17001

Attachment B

OFFICIAL INMATE GRIEVANCE
 INITIAL REVIEW RESPONSE

GRIEVANCE NO. 95849

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
DUNMIRE, John CL-4931	SCI-ALBION	D/B	09/15/04

The following is a summary of my findings regarding your grievance:

A mistake was made and we offer our apology for any inconvenience that may have been caused by the mistake. As soon as the issue was brought to the attention of senior staff, corrective action was taken to ensure an incident like this does not happen in the future.

We are conducting a fact-finding to pinpoint where communication broke down and the decision was made to conduct the searches in the weight pit.

RESOLVED: _____ DATE: _____
 Inmate Signature

UNRESOLVED: _____ DATE: _____
 Inmate Signature

cc: Grievance Officer
 Inmate
 DC-15

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
Mr. Barr, Superintendent's Assistant	<i>Mr Barr</i>	09/15/04